

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048844

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11809

STATE FILE NUMBER

FILED DEC 21 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN ST. LOUIS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 2857th RUSSELLInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

admission)

MO.

c. CITY

OR TOWN

ST. LOUIS

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

2857th RUSSELL

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RICHARD

WEBER

4. DATE OF DEATH

Month

Day

Year

12

8

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

AUG 28 1912

9. AGE (last birthday)

80

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE OFFICER

10b. KIND OF BUSINESS OR INDUSTRY

STATLER HOTEL INDIANA

11. BIRTHPLACE (City and state or country)

INDIANA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM WEBER

13b. MOTHER'S MAIDEN NAME

LUCY WATSON

14. NAME OF HUSBAND OR WIFE

JENNIE WEBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

JENNIE WEBER 2857th RUSSELL18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Embolism with cerebral Edema; Fracture

of right leg; suffered when struck by car operated

by Harvey Ranes, at Oregon and Russell Aves.,

on November 7th, 1962, about 7:00 P.M.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ACCIDENT

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY
Hour a.m. Month, Day, Year
7:00 p.m. 11-7-6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

91

20f. CITY, TOWN, OR LOCATION

St Louis, Mo

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

DEC. 11 1962

23c. NAME OF CEMETERY OR CREMATORY

ZION CEM.

23d. LOCATION (City, town, or county)

St. Louis Co.

(State)

24. FUNERAL DIRECTOR

Thomas Kutha

ADDRESS

2706 Shreve

25. DATE RECD. BY LOCAL REG.

DEC 10 1962

26. REGISTRAR'S SIGNATURE

Rosa Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1

2 22

3

4 0

5 1

6

7 1

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9 X

10

11 000

12 90-3

13

90

2-20-1-100 3-7-10

Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Eleanor Province*

Licensed Embalmer No. *3403*

P. O. Address *2906 Graven*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.